

SERIAL NUMBER: 09 / 101723/ RECEIPT DATE: 07 / 08 / 98 IA NUMBER: PCT/ IL97 / 00012 IA FILING DATE: 01 / 08 / 97 FAMILY NAME: BEN-HAIM. DELAY WAIVED (Y/N): GIVEN NAME: SHLOMO 🗸 DEMAND RECEIVED (Y/N): PRIORITY CLAIMED (Y/N): PRIORITY DATE: 01 / 08 / 96~ NO BASIC FEE (Y/N): N US DESIGNATED ONLY (Y/N): ATTORNEY DOCKET NUMBER: 20066-05/ COUNTRY: ILX CORRESPONDENCE NAME/ADDRESS: CUSTOMER NUMBER: TELEPHONE 2127909200 €

FAX

1133 AVENUE OF THE AMERICAS STREET:

NEW YORK CITY: STATE/COUNTRY: NY ZIP: 10036 /

COWAN LIEBOWITZ & LATMAN /

EMAIL:

NAME:

APPLICATION TITLES:

ELECTRICAL MUSCLE CONTROLLERY

WILLIAM H DIFFERT

TAB TO LAST POSITION, PUSH SEND